

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 2ND AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	27					
5	27					
6	1	33				
7						
8	13					
9	13					
10	6					
11	6					
12						
13	6					
14	6					
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16	1					
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TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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